

Application for Handicap Accessible Parking Signs

The City of Troy participates in two parking programs to assist people with severe disabilities. The first program is offered in part with the New York State Department of Motor Vehicles, which authorizes local municipalities to issue accessible parking permits to people with Severe Disabilities. A valid permit entitles people with disabilities to park in any space within a city, town or village of New York State, which has been designated as a handicap accessible parking place. These permits may be obtained, without any fee, in the City Comptroller's Office.

The other program is the City of Troy's Handicap Accessible Parking Sign Program for People with Severe Disabilities, available in the City Engineer's Office. The intent of this program is to provide applicants with reserved parking near their residence. The City of Troy, in accordance with New York State Manual of Uniform Traffic Control will install Handicap Accessible Parking Signs in the approximate location of the applicant's residence. To qualify for the program the applicant must be defined as a severely disabled person (see definitions on page 3), and meet the requirements listed below, set forth by the City of Troy. If you feel that you may qualify, please fill out Parts 1 & 2 of the attached application form after reviewing the list. Part 3 is to be completed by a physician and Part 4 is for our internal use.

Please be aware that while normally the installation of these signs would provide you with a reserved parking space, there is, however, no guarantee of its fulltime availability. New York State law allows that anyone with a valid handicap permit or with handicap plates may utilize any designated handicap accessible parking space. You may not harass nor have anyone with a vehicle with a valid permit tag / license plate removed. Violation of this policy could result in the revocation and removal of your signs without a refund.

In addition to the New York State requirements, all applicants must comply with the following stipulations established by the City of Troy.

1. A one time fee of \$135.00.
2. Each applicant will be required to submit a **recertification** of the doctor's diagnosis and demonstrate the continued need for the signs every two years or the signs will be removed.
3. Application **must** include a copy of a valid New York State Motor Vehicle Registration.

(Applicant may request accessible signage if they do not operate a motor vehicle, provided that the owner of the vehicle **permanently** resides with the applicant and the vehicle is used to routinely transport the applicant.)

4. No access to a driveway. The determination whether or not a driveway exists will be verified by an on site inspection by personnel from the Bureau of Engineering.
5. If the applicant is a tenant, then a letter from the property owner granting permission to install the handicap accessible parking signs is required.

**Application for
City of Troy Handicap Accessible Parking Sign Program
for People with Severe Disabilities**

PARTS I & II: TO BE COMPLETED BY APPLICANT

PART I. NAME: _____

ADDRESS: _____

TELEPHONE: _____

DRIVEWAY EXISTS: YES ☐ NO ☐

PROPERTY OWNER _____

(If the owner is not the applicant, a letter from landlord must also be supplied, see below).

PART II. *The applicant must submit the following with the completed application:*

1. If the applicant is a tenant, then a letter from the property owner granting permission to install the accessible parking signs is required.
2. A copy of a valid New York State Motor Vehicle Registration. Applicant may request accessible signage if they do not operate a motor vehicle, provided that the owner of the vehicle permanently resides with the applicant and the vehicle is used to transport the applicant.

PLEASE CHECK EITHER A OR B, WHICH EVER APPLYS :

Applicant can operate a motor vehicle and has a valid vehicle registration A. ☐

OR

Vehicle owner permanently resides with applicant at address of installation B. ☐

3. A one time \$135.00 fee for materials and installation of signs.

I hereby attest that all of the information provided with this application is true:

Applicant Signature: _____

Date: _____

PART III. TO BE COMPLETED BY THE PHYSICIAN

PHYSICIAN'S NAME: _____

ADDRESS: _____

LICENSE NO. _____ TELEPHONE NO. _____

Dear Physician:

Please specify (in layman's terms as much as possible) how the applicant's disability limits or impairs their ability to walk. If the applicant is limited in the distance he or she is able to walk , please specify distance. If appropriate, specify any aids to walking that you have prescribed, such as cane, crutches, walker, braces, wheelchair, prosthesis, portable oxygen or other. Please explain why the applicant's impairment is permanent. Explain how the patient's mobility impairment is similar to one of the five definitions of a "severely disabled person," listed below.

This diagnosis information must be typed or printed legibly on your letterhead.

Definition of Severely Disabled Person (VTL Section 404-a(4) and Fed. Reg. 23 CFR 1235.2)

A "severely disabled person " is an individual with one of more of the following impairments, disabilities or conditions which affect mobility and which are PERMANENT In nature.

PLEASE CIRCLE THE NUMBER OF ALL THAT APPLY:

1. uses portable oxygen;
2. legally blind;
3. limited or no use of one or both legs;
4. a neuro-muscular dysfunction which severely limits mobility
5. an arthritic, neurological, orthopedic or another physical/mental condition which severely limits mobility and/or requires the use of crutches, a walker, braces, wheelchair or prosthesis.

Physician's Signature: _____ Date: _____

PART IV. TO BE COMPLETED BY ISSUING AGENT

☐ Copy of DMV Registration

☐ Letter From Landlord, if needed

☐ Site Inspection, By: _____ Date: _____

Driveway Exists : YES ☐ NO ☐

☐ Medical Certification

☐ \$135.00 Fee

☐ Application Approved

☐ Application Denied

Reason for Application Denial :

Issuing Agent's Signature: _____

Date: _____

Return completed application to:

Bureau of Engineering
City Hall, Monument Square
Troy, New York 12180

If you are unable to submit the payment in full, and would like to make partial payments, the following payment schedule must be complied with.

Minimum deposit	\$ 35.00
Payment due in 30 days	\$ 20.00
Payment due in 2nd month	\$ 20.00
Payment due in 3rd month	\$ 20.00
Payment due in 4th month	\$ 20.00
Payment due in 5th month	\$ 20.00

Total of Payments **\$135.00**

? Make all checks payable to "City of Troy"
and submit to:

Bureau of Engineering
City Hall
1 Monument Square
Troy, New York 12180

? Please sure to include address of the sign installation on check

? Failure to make timely payments could result in revocation of handicap sign permit and removal of signs

Agreed to by: _____

Date: _____

Applicant's signature